



Davie County Health Department Environmental Health Section

P.O. Box 848
210 Hospital Street
Courier # : 09-40-06
Mocksville, NC 27028



Phone: (336) - 753 - 6780

Fax: (336) - 753-1680

ON-SITE WASTEWATER CERTIFICATION (Check One) **Replacement** **Remodeling** **Reconnection**

Name: _____ Phone Number _____ (Home)

Mailing Address: _____ (Work)

_____ Email Address: _____

Detailed Directions To Site: _____

Property Address: _____

Please Fill In The Following Information About The *EXISTING* Facility:

Name System Installed Under: _____ Type Of Facility: _____

Date System Installed (Month/Date/Year): _____ Number Of Bedrooms: _____ Number Of People: _____

Is The Facility Currently Vacant? Yes No If Yes, For How Long? _____

Any Known Problems? Yes No If Yes, Explain: _____

Please Fill In The Following Information About The *NEW* Facility:

Type Of Facility: _____ Number Of Bedrooms: _____ Number of People _____

Pool Size: _____ Garage Size: _____ Other: _____

Requested By: _____ Date Requested: _____

(Signature)

For Environmental Health Office Use Only

Approved Disapproved

Comments: _____

Environmental Health Specialist _____ Date: _____

*The signing of this form by the Environmental Health Staff is in no way intended, nor should be taken as a guarantee (extended or limited) that the on-site wastewater system will function properly for any given period of time.

Payment: Cash Check Money Order # _____ Amount: \$ _____ Date: _____

Paid By: _____ Received By: _____

Account #: _____ Invoice #: _____